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| **APPLIED SCIENCE UNIVERSITY / RENEWABLE ENERGY CENTER**  |
| **DATA REQUEST FORM** |
| **CONTACT INFORMATION** |
| FIRST NAME:  |   | LAST NAME : |   | ORGANIZATION: |   |
| PHONE No. : |   | EMAIL : |   |
| POSITION OF REQUESTOR: |   | DATE REQUESTED:  |   | DATE NEEDED: |   |
| **REQUEST INFORMATION** |
| DESCRIBE THE PURPOSE/REASON FOR THE DATA REQUEST AND WHAT THE DATA WILL BE USED FOR (BE SPECIFIC, RESEARCH PURPOSES, ....) |
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| \*FOR MORE INFORMATION CONTACT THE COLLABORATION AND DATA SHAIRING PROGRAM COORDINATOR IN THE CENTERENG.RAWAN MAHASNEH (r\_mahasneh@asu.edu.jo) / PHONE NO. : +96265609999 EXT. : 1339 . |

 **Data Requestor's Signature: Deputy Director's Signature :**